



**LONG-RANGE
STATE PLAN
FOR TEXANS
WITH
DISABILITIES**

The Council on Disabilities
January 1985

COUNCIL ON DISABILITIES



Judge Bob Thomas, Chairperson
P.O. Box 1606 Waco, Texas 76703

January 7, 1985

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Dear Governor White, Lt. Governor Hobby, Speaker Lewis,
and Members of the Legislature:

As Chairperson of the Council on Disabilities, I am pleased to present the Long Range State Plan for Texans with Disabilities pursuant to Section 132.002(6) of the Texas Human Resources Code. The Plan was adopted by the Council on December 17, 1984.

The Council wishes to thank Governor White for appointing Terry Reed Goodman, a member of his staff, to serve as Executive Director of the Council. In addition, the Council expresses its appreciation to the Texas Rehabilitation Commission, which has served as the Council's lead support agency, and the Texas Department of Human Resources, which has provided reimbursement for expenditures incurred by members of the Council appointed by officeholders. Furthermore, the staff assigned by the state agencies to assist the Council have also done outstanding work and provided invaluable service.

The Council respectfully requests the State of Texas to promote the principles, goals and objectives of the Long Range State Plan for Texans with Disabilities.

Yours truly,

A handwritten signature in black ink that reads "Bob Thomas". The signature is stylized and written over a large, light-colored scribble.

Judge Bob L. Thomas
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Terry Reed Goodman
Executive Director

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ACKNOWLEDGEMENTS

The Council on Disabilities wishes to express its gratitude to Ms. Lynn Pearson, Director of Public Information, Heart of Texas Region MHMR Center, Waco, Texas, for volunteering to write the Executive Summary of the Long Range State Plan for Texans with Disabilities. Ms. Pearson deserves special recognition for giving her time, talent and energy so generously to the Council.

Special thanks goes to Jeff Kaufmann, Planner, of the Texas Rehabilitation Commission, the lead support agency to the Council on Disabilities. His coordination of administrative support for the Council and editing of the many drafts of the Long Range State Plan for Texans with Disabilities is greatly appreciated.

We wish to recognize and thank Ms. Kaye Beneke, Texas Rehabilitation Commission Public Information Director for her invaluable contribution of editing the goals and objectives of the Long Range State Plan and turning the complex concepts into more readily understandable everyday language.

We are extremely grateful to Justin Dart, Jr., for his outstanding leadership as the Chairperson of the State Plan Task Force and for his constant efforts to achieve a barrier free society.

We wish to express our sincere appreciation to Dave Sloane, Chairperson of the Drafting Sub-Committee of the State Plan Task Force, not only for his coordinating the activities of the Sub-Committee, but for the long hours he devoted to the development of this plan.

Dr. Margaret (Peg) Nosek is given a special thank you for her noteworthy enthusiasm and tireless work on the Long Range State Plan from its inception through its completion.

We would like to recognize Virginia Roberts, Executive Director of the Governor's Committee for Disabled Persons, for her continuous assistance and advice on the drafting of the Long Range State Plan.

Finally, we recognize and thank all of the citizens who participated in the two day public hearings in Austin, Texas held by the Council on Disabilities and who could not attend but furnished written objectives to the goals.

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INTRODUCTION

This report provides a record of Council on Disabilities activities to date regarding its statutory purposes.

Senate Bill 711, effective September 1, 1983, amended the Human Resources Code by adding Chapter 132, Title 9. Chapter 132 establishes the Council on Disabilities and sets forth the duties and responsibilities of the Council which are:

1. Monitor the implementation of the Long-Range State Plan for Texans with Disabilities.
2. Submit a biennial review and revision of the plan.
3. Promote the development and coordination of statewide public and private policies, programs and services for persons with disabilities.
4. Promote the compilation, publication, and possible modification of laws relating to disabled persons.
5. Promote a demographic survey for accurate identification of the disability population and promote the effective use of valid data in planning service priorities.
6. At such time as the Texas Health and Human Services Coordinating Council expands its focus, the Council on Disabilities will act as an advisory committee to the Coordinating Council.

The Council had its first meeting April 18, 1984, and began organizational activities. The Governor appointed a member of his staff to be the Executive Director and designated the Texas Rehabilitation Commission to be the lead support agency. The Texas Department of Human Resources volunteered to reimburse travel expenses of Council members, who do not represent state agencies, because no funds were appropriated for COD operating expenses. Member agencies and appointing officials assigned staff to support the Council on Disabilities.

During subsequent meetings on June 6, August 24 and 25, November 16 and December 17, 1984, the Council accomplished the following: determined its mission, adopted bylaws, elected officers, established priorities, established task forces, conducted public hearings on the Long Range State Plan for Texans with Disabilities, examined statutes regarding persons with disabilities, began the process for promoting a demographic survey to locate persons with disabilities in Texas, and began developing positive working relationships with member agencies, non-member agencies, consumer groups, and interested groups and individuals.

In addition, in accordance with its statutory duties the Council has adopted the Long Range State Plan for Texans with Disabilities. The plan is composed of underlying concepts, goals and objectives, as well as definitions of key terms.

During the next biennium, the Council's major tasks will be:

- (1) To initiate a system to monitor the implementation of the Long Range State Plan for Texans with Disabilities;
- (2) To promote funding for the statewide Demographic Survey to determine prevalence of citizens with disabilities among the general population;
- (3) To study legislative issues affecting persons with disabilities;
- (4) To promote the development and coordination of statewide public and private policies, programs and services for persons with disabilities.

All of these tasks are encompassed by the statutory mission of the Council on Disabilities. During the next two years, the Council will move toward accomplishing this mission for the benefit of all Texans with disabilities.

MISSION OF THE COUNCIL ON DISABILITIES

The Council on Disabilities shall promote the development and coordination of effective and efficient statewide public and private policies, programs and services for persons with disabilities (Section 132.005(a)(2), Texas Human Resources Code).

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LONG-RANGE STATE PLAN FOR TEXANS WITH DISABILITIES

Council on Disabilities

January 1985

BACKGROUND ON THE LONG RANGE STATE PLAN

The origin of the Long Range Plan for Texans with Disabilities dates back to 1982 and the creation of a Governor-appointed Long Range Planning Group for Texans with Disabilities. In beginning to shape the plan, the planning group relied heavily on ideas and advice from many people who promote and support disabled persons' efforts to live productively and independently.

Later, the planning process was carried to the federal level when the National Council on the Handicapped developed the National Policy for Persons with Disabilities. A blue-ribbon advisory panel and interested and knowledgeable people from every state in the nation assisted the council with the development of the policy. The result of their efforts is a national policy endorsed by the President and the Interagency Council on Handicapped Research as well as the National Council on the Handicapped.

Efforts to develop a long-range plan for Texas resumed with the creation of the Texas Council on Disabilities. The following goals and objectives reflect the original plan revised to include appropriate passages from the national policy and contributions from a broad range of Texas consumers, agencies, interested groups and other interested people.

UNDERLYING CONCEPTS

- This nation is founded on the principle that each human life is sacred and inviolable; that all people "are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness. That to secure these rights, governments are instituted..."
- People with disabilities have an absolute right and responsibility to participate fully and equally in society and to realize their fullest potential in the ways in which they choose to live, work and play.
- While the nation as a whole bears a responsibility to all its members, initial responsibility for finding solutions to specific problems lies with the individual, his or her family and/or his or her legal representative.

- Disabled persons, to the largest degree possible, should have the principal responsibility to solve their own problems and fulfill their potential.
- Government can and should provide guidance, coordination and assistance and should protect the right of every person to equal treatment under the law. The government and private sector should initiate, fund, administer and promote laws, regulations, policies and programs which assist disabled people in their efforts to participate in society fully and equally with a maximum of independence, self-reliance and productivity.
- The best solutions require individual initiatives by all persons and effective partnerships among individuals, families, communities, non-profit organizations, and private sector and government at all levels.
- Productivity is defined as occurring not only in salaried employment and activities which generate financial gain, but also whenever people are making the most of their own lives and are contributing to society to the fullest degree possible.
- Government and the private sector must cooperate to assure that adequate services and opportunities are provided without regard to race, color, creed, national origin, sex or disabling condition, and that such services are provided to persons living in urban and rural areas, including those living on Indian reservations.
- Disability related programs shall be conducted with fiscal responsibility and sound management principles.

GOALS

LIFE SERVICES

GOAL 1: INDEPENDENT LIVING OPPORTUNITIES

Independent living opportunities in the most productive and least restrictive environment should be available for all Texans with disabilities.

OBJECTIVE 1: Establish the ways and means and initiate programs to deal with the unmet needs of severely disadvantaged disabled people, such as members of cultural and social minorities, residents of rural areas, individuals affected by substance abuse and severe poverty, those with severe physical and/or mental disabilities and/or severe behavioral problems.

OBJECTIVE 2: Initiate programs to create affordable housing and other public and private facilities which are accessible to persons with disabilities.

OBJECTIVE 3: Initiate programs to create a broad range of high quality, independence-oriented, family, voluntary and other attendant care services for disabled people of all ages.

OBJECTIVE 4: Initiate programs to increase the availability of technological aids which allow disabled people the highest degree of productivity and equal participation in society.

OBJECTIVE 5: Create new and expand existing effective consumer operated independent living programs with a stable base of private sector, state and local government funding to ensure the continuation of basic essential services and increase their availability to disabled persons.

OBJECTIVE 6: Create new and expand existing community residential programs for individuals who can achieve productivity more efficiently and effectively in such settings.

OBJECTIVE 7: Create new and expand existing temporary and emergency services, such as respite care, mental health services, shelters, sign language interpreters, attendant care, transportation, technical aids and other essential backup independent living services.

OBJECTIVE 8: Create new and expand existing day activity centers, hospice programs and other medical, rehabilitative, social and recreational programs designed to foster more to the productivity of persons with disabilities.

OBJECTIVE 9: Create and maintain policies and programs that assist families in their role as primary sources of support for disabled persons.

OBJECTIVE 10: Initiate programs to assist people with disabilities in getting adequate nutrition.

OBJECTIVE 11: Create, maintain, improve, and expand community-based, independence oriented, long-term residential services for people with severe disabilities.

GOAL 2: EDUCATION

A comprehensive continuum of appropriate public, private, and community educational opportunities provided in the most productive and least restrictive environment shall be available to all disabled children and adults and will include free and appropriate public education for qualified public education students which is at least equal in quality and scope to that which is provided to non-disabled persons.

OBJECTIVE 1: Stringently enforce all laws protecting educational rights of disabled children and youth and their parents.

OBJECTIVE 2: Initiate creative educational techniques applicable to disabled persons of all ages.

OBJECTIVE 3: Create new and expand existing formal and informal adult education programs and opportunities which are accessible to persons with disabilities.

OBJECTIVE 4: Assure that all educational resources, such as libraries and museums, are accessible to persons with disabilities.

OBJECTIVE 5: Create new and expand existing appropriate vocational education programs and assure their availability to disabled persons of all ages.

OBJECTIVE 6: Provide transitional services to disabled teenagers and young adults to assure their successful integration into the community and work force.

OBJECTIVE 7: Create new and expand existing early intervention services for children with disabilities, including parent education and counseling, and assure their availability.

OBJECTIVE 8: Stringently enforce existing laws that require minimum standards of accessibility for all educational facilities, including access to all activities and school functions.

OBJECTIVE 9: Assure that extended vocational programs (after school, weekend, summer) are available and accessible to all students with disabilities who require them in order to receive a free, appropriate public education.

OBJECTIVE 10: Assure that all school programs, including enrichment, supplemental, tutorial, summer school and extracurricular activities, are available and accessible to students with disabilities on the same basis as they are made available to all other students.

OBJECTIVE 11: Require courses at all significant levels of primary, secondary and higher education which would prepare all persons to deal with the social, physical and psychological problems of disabilities and to prevent disabling conditions.

GOAL 3: ATTITUDES

Realistic, positive perceptions of disability and affordable productive approaches to the problems and potential of disabled people should be effectively communicated to all citizens by all educational and mass communication media.

OBJECTIVE 1: Recognize public communications media for appropriate portrayal of persons with various types of disabilities.

OBJECTIVE 2: Promote the use of non-stereotypical images of disabled people in the media products and campaigns of agencies and organizations which serve disabled persons.

OBJECTIVE 3: Promote the portrayal of disabled persons as equally participating members of society in realistic and positive ways among textbook publishers and producers of educational materials.

OBJECTIVE 4: Initiate workshops and public awareness sessions conducted by disabled persons for service agencies, organizations, employers, educators, and others.

OBJECTIVE 5: Encourage the mass media to address accurately the needs of various disabled groups in local communities--such as investigative reporting on the employment, transportation, housing, and social issues confronting disabled citizens.

GOAL 4: EMPLOYMENT

Employment and productive involvement of individuals should be effected in all major functions of society, including policy-making and administrative levels, and in disability-related service programs.

OBJECTIVE 1: Encourage and enable employers to make reasonable modifications in job descriptions, work environments, and hiring practices which will result in the productive employment of disabled people.

OBJECTIVE 2: Assure that all levels of government and state funded service providing agencies are models of equal opportunity for disabled persons at all levels of employment, with appropriate funds regularly designated for reasonable accommodations and outreach.

OBJECTIVE 3: Initiate programs including tax and other incentives, to encourage employers to take affirmative action to employ qualified individuals with disabilities.

OBJECTIVE 4: Stringently enforce all state and federal laws concerning the employment rights of persons with disabilities.

OBJECTIVE 5: Initiate programs of employment for disabled persons who can be more productive in alternative settings.

OBJECTIVE 6: Create new and expand existing state and local job placement functions to assist with referral and placement of trained workers with disabilities.

OBJECTIVE 7: Create accurate and reliable techniques to measure the vocational potential of persons with disabilities, particularly those with multiple disabilities.

OBJECTIVE 8: Assure frequent follow-up to measure the effectiveness of vocational training and other employment services for persons with disabilities.

OBJECTIVE 9: Create and maintain programs which offer severely disabled persons a continuum of work-related options including vocational training, vocational assessment, progressive sheltered workshops, work stations in industry, and competitive job placement.

OBJECTIVE 10: Assure that all employee assistance programs are accessible to employees with disabilities.

OBJECTIVE 11: Assure that all employer assistance resources are accessible to employers and self-employed professionals who have disabilities.

OBJECTIVE 12: Use technology appropriately and creatively to assist with the employment of disabled persons.

GOAL 5: PREVENTION AND INTERVENTION

Disabilities should be kept to a minimum through prevention and appropriate and timely intervention.

OBJECTIVE 1: Initiate education programs for disability prevention to be part of the health and safety curriculum in public, private and community education programs.

OBJECTIVE 2: Assure that all public information materials on prevention and intervention be made available in formats which are accessible to persons with all types of disabilities.

OBJECTIVE 3: Make genetic counseling and screening services available to the people of Texas.

OBJECTIVE 4: Initiate and expand health services, particularly maternal and child health care, for indigent populations.

OBJECTIVE 5: Initiate and support programs aimed at early detection and treatment of disabilities in infants and children, including parent education and counseling.

OBJECTIVE 6: Initiate a program to reach under-served persons, such as Hispanics who don't speak English, low income segments of the population, and those who are located in isolated areas, in order to provide disability-related screening, information and referral to appropriate services.

OBJECTIVE 7: Create a communication network among prevention and intervention service providers which provides accurate, current information on disability prevention to national, state, and local disability-related information systems.

OBJECTIVE 8: Assure the availability of appropriate primary treatment and rehabilitation services for all persons with physical and mental disabilities, including substance abusers and those with multiple disabilities.

OBJECTIVE 9: Increase community based habilitation and rehabilitation services.

OBJECTIVE 10: Assure that all health maintenance education programs and facilities are accessible to and appropriate for persons with disabilities.

OBJECTIVE 11: Promote the awareness of protective services to prevent or remedy neglect, abuse, or exploitation of individuals with disabilities of all ages.

OBJECTIVE 12: Assure the existence and use of emergency and utility policies to protect the health and safety of disabled persons during emergencies, such as severe weather, power failure, and other emergency situations.

GOAL 6: ACCESSIBLE COMMUNITIES

Communities which are fully accessible in all respects - geographically, architecturally and communicatively - and which offer efficient community support systems should be developed.

OBJECTIVE 1: Plan, promote and coordinate the long-range development of accessible communities which use the best current technical, organizational and social knowledge to assure equal and productive participation in society.

OBJECTIVE 2: Create incentives for the development of architecturally and communicatively accessible communities.

OBJECTIVE 3: Educate planners, architects, interior designers, engineers and developers about the special needs of disabled persons which they can address and about incentives for developing architecturally and communicatively accessible communities.

OBJECTIVE 4: Support local committees on disabled persons for continued development of access advocacy, including accessibility surveys and handbooks.

OBJECTIVE 5: Initiate enforceable short- and long range plans with timelines for the expansion and development of public transportation systems to meet the needs of Texans with disabilities.

OBJECTIVE 6: Assure communication accessibility to visually, hearing and speech impaired persons.

OBJECTIVE 7: Initiate strict statewide standards with education and enforcement mechanisms, for access to all public facilities.

OBJECTIVE 8: Assure equal access to local parks and recreation facilities and programs and other community organizations.

OBJECTIVE 9: Assure that state and local government programs and facilities are models of accessibility for persons with disabilities.

THE ADMINISTRATION OF LIFE SERVICES

GOAL 7: COORDINATION

Establish the ways and means to plan and coordinate government, private and voluntary disability-related activities at the federal, state and local levels.

OBJECTIVE 1: Create and publish a long-range plan for disability-related services in Texas with biennial revisions.

OBJECTIVE 2: Initiate coordination of disability-related programs at the state level.

OBJECTIVE 3: Develop in all agencies providing services to disabled people a single point of entry system and a uniform client identification and tracking system for all persons with disabilities which will assure the continuity of care within the service delivery system.

OBJECTIVE 4: Promote an effective individual case management system for all disability-related services.

OBJECTIVE 5: Assure that the efforts of community volunteers, peer support groups, and client assistance organizations are coordinated and used effectively.

OBJECTIVE 6: Initiate a system whereby state agencies and organizations can work and communicate with each other, the persons they serve and the general public -- the desired result being a dynamic service delivery system sensitive to the changing environment, individual needs and the job market.

OBJECTIVE 7: Initiate a statewide referral assistance system for questions relating to disabilities.

OBJECTIVE 8: Initiate a statewide program for the transition of disabled students from the public school special education program into all other service delivery systems and to assist in identifying, planning and developing services needed beyond the educational system.

OBJECTIVE 9: Create and provide clearly defined and coordinated eligibility and intake procedures for all services available to disabled people in such manner as to make them readily available to and clearly understood by disabled individuals, their families and persons providing information, intake and referral assistance.

GOAL 8: DATA BASE

A common data base should be created and regularly updated which will assist policymakers in long-range planning, policy and program development.

OBJECTIVE 1: Conduct a comprehensive demographic survey to accurately identify the population of Texans with disabilities and assure that the resulting data base is routinely updated and uniformly used by all public and private agencies and organizations for program planning and establishing priorities.

OBJECTIVE 2: Create a uniform client identification coding system which will, (a) identify all disabling condition(s) of individuals being served, (b) identify all services being received by such individuals, and (c) identify the cost of each service being provided to such individuals and assure the system's use by all agencies providing services to disabled persons.

OBJECTIVE 3: Design and implement a system for sharing information among appropriate agencies, organizations and individuals which will protect the rights of individuals to the confidentiality of personally identifying information.

OBJECTIVE 4: Establish in each agency providing services to individuals with disabilities a management information system that is compatible with the demographic and client identification data bases which will, (a) support management decisions affecting resource allocation, (b) assist in efficient management of service operations and personnel, (c) support timely information and decisions regarding services to individual clients, and (d) permit analysis of the cost effectiveness of program alternatives which promote the greatest possible degree of independence and self reliance.

GOAL 9: RESEARCH

Productive, coordinated research and the development of efficient, cost effective, independence oriented technology and service delivery should be promoted, funded and made available for universal utilization by government and the private sector.

OBJECTIVE 1: Identify ways to bring together those conducting research and those who could benefit from the findings.

OBJECTIVE 2: Initiate systems to distribute research findings from international, national, state, and local sources.

OBJECTIVE 3: Develop an information bank and distribution network concerning available federal, state, and local research funds.

OBJECTIVE 4: Improve communication among service providers, consumers, researchers and funding sources in order to identify priority areas requiring research.

OBJECTIVE 5: Increase state funding for research programs on disability.

GOAL 10: EVALUATION

Guidelines for policy and program evaluation systems should be established for monitoring the effectiveness of disability-related programs and program management.

OBJECTIVE 1: Develop and test a way to evaluate how much a person receiving disability-related services benefits from those services and is provided the opportunity to achieve self-reliance, independence and productivity in the least restrictive environment possible.

OBJECTIVE 2: Develop and implement guidelines for policy and program evaluation systems which provide a basis for recommending allocations of resources among programs and which can identify those programs with the strongest independence orientation.

OBJECTIVE 3: Devise evaluating procedures which are appropriate to the abilities of the client, such as for non-verbal, severely physically disabled persons.

OBJECTIVE 4: Establish guidelines for administrative and financial reviews which assure accountability, integrity and good management practice in disability related programs.

GOAL 11: LAW

Working together, government and the private sector should develop a comprehensive, internally consistent body of disability-related law which guarantees and enforces equal rights and opportunities for individuals with disabilities.

OBJECTIVE 1: Use local consumers, service providers and other appropriate persons to study, monitor and make recommendations in regard to disability-related laws and regulations.

OBJECTIVE 2: Require all agencies to establish or adopt rules and guidelines assuring the equal rights of all disabled people at all levels of agency procedures.

OBJECTIVE 3: Initiate appropriate internal clients' rights assurance systems including self advocacy training within all programs serving disabled persons.

OBJECTIVE 4: Create basic state level disability rights legislation with an independent, permanent mechanism with authority to investigate complaints and to ensure enforcement.

OBJECTIVE 5: Continually update and distribute the compilation of disability-related laws.

OBJECTIVE 6: Initiate educational programs to increase public awareness and understanding of disability-related laws, rules and regulations.

OBJECTIVE 7: Provide an affordable service to inform disabled people and their representatives about their rights under the law and provide legal and advocacy services when necessary.

THE DELIVERY OF LIFE SERVICES

GOAL 12: PRIVATE SECTOR INVOLVEMENT

Private sector involvement in the development of effective solutions for the special problems of disability should be encouraged and increased.

OBJECTIVE 1: Conduct research and develop programs to distribute and use private sector resources for productive disability-related services.

OBJECTIVE 2: Initiate programs to inform individuals, families, businesses and others of the necessity of productive private sector solutions to disabled persons' problems, and of efficient methods to bring about such solutions.

OBJECTIVE 3: Initiate programs to use private sector solutions for the problems of disabled persons.

OBJECTIVE 4: Initiate programs to assure recognition and communication of the outstanding private sector, individual and organizational contributions to persons with disabilities.

OBJECTIVE 5: Initiate tax and regulatory incentives which encourage individuals and businesses to make financial investments in the solution of disability-related problems.

GOAL 13: VOLUNTEERS

All persons, including persons with disabilities, should be encouraged and assisted to participate on a voluntary basis in public and private efforts to enable disabled people to achieve their fullest potential.

OBJECTIVE 1: Identify and publicize effective volunteer efforts to serve persons with disabilities.

OBJECTIVE 2: Increase of local volunteer and community organizations' involvement in responding to the needs of persons with disabilities.

OBJECTIVE 3: Strengthen and fully use professional support staff, training and appropriate reimbursement of volunteers' "out of pocket" expenses.

OBJECTIVE 4: Increase opportunities for disabled persons to serve as volunteers.

OBJECTIVE 5: Create new and expand existing corporate programs to respond to the needs of persons with disabilities and non-profit organizations serving persons with disabilities.

OBJECTIVE 6: Assure that professional degrees in disability-related areas require students' voluntary service directly with disabled persons.

OBJECTIVE 7: Assure that all state agencies providing disability-related services use and coordinate with community volunteers, peer support groups and client assistance organizations.

GOAL 14: QUALIFIED PERSONNEL

An adequate number of qualified personnel must be available at all levels to provide effective services for disabled people.

OBJECTIVE 1: Provide for appropriate courses on productive approaches to the special problems of disability which would be degree and certification requirements for those professions which most impact the quality of the culture, including but not limited to medicine, health, social service, education, communication, business, architecture, law, public service, technology and the sciences.

OBJECTIVE 2: Recognize the life experience of a disabled person as a bona fide qualification for certain jobs.

OBJECTIVE 3: Train and hire qualified disabled people in all disability-related service areas, especially to fill policy making and administrative positions.

OBJECTIVE 4: Assist service providers in offering ongoing, in-service training and enrichment experiences, especially in the areas of disability awareness, productivity and independent living, to appropriate professional persons, staff members and volunteers.

OBJECTIVE 5: Provide supportive mental health resources for service providers dealing with the stressful problems related to disability.

OBJECTIVE 6: Seek to remove regulatory barriers which inhibit the effective performance of service provider personnel.

OBJECTIVE 7: Effect more positive public attitudes toward disability-related service provider personnel.

OBJECTIVE 8: Effect more appropriate pay and public recognition of dedicated, productive, efficient professionals and support staff who achieve consistently superior results.

Independent Living

Control over one's life based on the choice of acceptable options that minimize reliance on others in making decisions and in performing everyday activities. This includes managing one's affairs, participating in the day-to-day life of the community in a manner of one's own choosing, fulfilling a range of social roles, and making decisions that lead to self-determination and the minimization of non-productive physical and psychosocial dependence upon others. It should be stressed that, given the interdependent organization of human society, almost no person, disabled or non-disabled, could or would want to try to achieve a type of independence which involved psychosocial and/or physical isolation. The type of independence found here implies an optimally responsible and productive exercise of power of choice. It implies that each disabled person, regardless of his or her mental or physical ability, be encouraged and assisted to achieve maximum levels of quality of life potential, independence and productivity in the least restrictive environment and with due respect for cultural or subcultural affiliation. Independent living as defined here is intended to apply to persons with all types of disabilities as defined above.*

Independent Living Program

A community-based program which is governed, managed and staffed substantially by persons with disabilities, provides directly or coordinates indirectly through referral those services necessary to assist severely disabled individuals to increase self-determination and to minimize unnecessary dependence on others. Services that independent living programs generally provide or coordinate through referral are housing, attendant care, readers and/or interpreters, information about goods and services relevant to independent living, transportation provision or registry, peer counseling, advocacy or political action, independent living skills training, job readiness training, job development, equipment maintenance and repair, and social-recreational services.*

Least Restrictive Environment

A term which entered our language from a series of federal court cases recognizing that state operated programs for citizens with disabilities "restrict," in a Constitutional sense, participants' access to what the nondisabled are free to participate in. The least restrictive environment is one which removes all restrictions except those which are needed for the program to confer benefit on the disabled program participant. Whenever alternative programs would achieve the desired objective, the least restrictive alternative must be chosen. The least restrictive alternative frequently offers the maximum participation with nonhandicapped persons.

* The definitions of "independent living" and "independent living program" are based on those by Lex Frieden, Laurel Richards, Jean Cole, and David Bailey, in a "A Glossary for Independent Living," ILRU Sourcebook: A Technical Assistance Manual on Independent Living. Houston: (The Institute for Rehabilitation and Research), 1979.

KEY DEFINITIONS

Person with a Disability*

Any person with a physical, developmental, mental or emotional impairment which would substantially limit one or more major life activities such as learning, communication, mobility, self and health care, socialization, employment, housing, and recreation. This would include any individual who is so limited as a result of having a record of such an impairment or being regarded as having such an impairment. Major areas of disability include but are not limited to: vision, hearing, sensory, mobility, respiratory and/or mental impairments; chronic and severe mental illness; learning disabilities; deafness; head trauma; chronic, disabling, life threatening and/or terminal illness; intractable pain; job related injuries; epilepsy; and substance abuse.**

* This is a broad definition of the term "disabled person," intended for general use. Eligibility for specific benefits and services would, of course, be determined according to appropriate sub-definitions and policies and depending on the specific need and potential of the individual, as well as the availability of resources. The development of universally accepted sub-definitions and standards for eligibility for use on the federal, state, local and private levels would contribute to the efficiency of service provision. It should also be noted that disabled persons are described in other terms by certain groups and in particular areas. Some of these, such as the term "handicapper" (used in and around Michigan to refer to responsibly active and productive disabled persons), deserve special consideration during the process of developing a national vocabulary which will successfully communicate progressive attitudes.

** This listing of major areas of disability is intended to specifically include certain situations which have sometimes not been defined in terms of "disability." It is not intended to exclude the many types of disabilities which are not mentioned, or to imply that disabled people should be categorized according to specific illnesses or disabilities. Individuals with disabilities should always be considered and related to as whole human beings with complex problems and abilities.

Independent Living

Control over one's life based on the choice of acceptable options that minimize reliance on others in making decisions and in performing everyday activities. This includes managing one's affairs, participating in the day-to-day life of the community in a manner of one's own choosing, fulfilling a range of social roles, and making decisions that lead to self-determination and the minimization of non-productive physical and psychosocial dependence upon others. It should be stressed that, given the interdependent organization of human society, almost no person, disabled or non-disabled, could or would want to try to achieve a type of independence which involved psychosocial and/or physical isolation. The type of independence found here implies an optimally responsible and productive exercise of power of choice. It implies that each disabled person, regardless of his or her mental or physical ability, be encouraged and assisted to achieve maximum levels of quality of life potential, independence and productivity in the least restrictive environment and with due respect for cultural or subcultural affiliation. Independent living as defined here is intended to apply to persons with all types of disabilities as defined above.*

Independent Living Program

A community-based program which is governed, managed and staffed substantially by persons with disabilities, provides directly or coordinates indirectly through referral those services necessary to assist severely disabled individuals to increase self-determination and to minimize unnecessary dependence on others. Services that independent living programs generally provide or coordinate through referral are housing, attendant care, readers and/or interpreters, information about goods and services relevant to independent living, transportation provision or registry, peer counseling, advocacy or political action, independent living skills training, job readiness training, job development, equipment maintenance and repair, and social-recreational services.*

Least Restrictive Environment

A term which entered our language from a series of federal court cases recognizing that state operated programs for citizens with disabilities "restrict," in a Constitutional sense, participants' access to what the nondisabled are free to participate in. The least restrictive environment is one which removes all restrictions except those which are needed for the program to confer benefit on the disabled program participant. Whenever alternative programs would achieve the desired objective, the least restrictive alternative must be chosen. The least restrictive alternative frequently offers the maximum participation with nonhandicapped persons.

* The definitions of "independent living" and "independent living program" are based on those by Lex Frieden, Laurel Richards, Jean Cole, and David Bailey, in a "A Glossary for Independent Living," ILRU Sourcebook: A Technical Assistance Manual on Independent Living. Houston: (The Institute for Rehabilitation and Research), 1979.

In determining the least restrictive environment, each element of a program, not just the physical setting, must be examined for restrictions. The decision must be related not to group or administrative needs, but must instead be related directly to the individual participant's needs, and that individual or his representative must participate in the decision making. Potential harm or benefit to the individual of segregation from the nonhandicapped (or of integration with the nonhandicapped) must be considered socially, psychologically, educationally and vocationally.

The least restrictive environment is the most productive environment for accomplishing desired change. Finally, there must be a continuum of program alternatives so that as each targeted goal is achieved, any restrictions that have become unnecessary can be removed.

Private Sector

Defined in the broad sense to refer to all non-government organizations, including corporations and small businesses, non-profit agencies, labor organizations, civic and religious groups and all citizens when acting in their private capacities.

Productivity

Defined not only in terms of salaried employment and positive monetary balances, but also in the sense that individuals are maximizing their own quality of life potential and that of society.

Quality of Life

Defined in terms of the unity of those values which are inherent in the basic nature of human beings and their inter-dependent society--values which are common to the mainstream of every culture. These are the values of survival, and of the distinctive human spirit. They are the values of survival, perceived quality--food, shelter, health, education, social acceptance, economic security, personal freedom, recreation, aesthetic enjoyment and so forth.

Education (Including Special Education)

Defined not only in terms of teaching individuals to master traditional subject matter and to deal with the direct problems of specific disabilities, but also in terms of the development of all those intellectual, psychological, physical, social, cultural and economic abilities which contribute to a maximally productive fulfillment of personal social and economic potential and independence.

Habilitation/Rehabilitation (Including Vocational Rehabilitation)

A continuum of services to assist not only the development and/or recovery of function and certain specific job skills, but also the development of all those intellectual, psychological, social and economic abilities which contribute to the maximum fulfillment of potential for productive independence and employment and to practical follow-up support in the process of obtaining and retaining employment and self-sufficiency.

ASSESSMENT OF THE ENVIRONMENT: 1985-1995

To be a useful tool, a plan must reflect the current conditions which exist, and the expected conditions which will exist in the future. Only against this background can goals and objectives be established which will help an organization move toward the desired future.

The following pages contain such an assessment of current conditions (environments in existence) and probable future conditions (environments expected to exist). This assessment analyzes present political, economic, legal, technological and social trends and projects the most likely future, assuming the present trends continue. The assessment is based on reasonable opinion developed from current indicators. It is a "best guess" description of a potential future.

Any attempt to project current trends out to a future time must be reassessed regularly, based on the latest information available. As the present environment evolves, so must predictions about the future. Old, out-of-date and wrong projections must be dropped when sufficient evidence exists. Significant new trends need to be evaluated and included in the planning process.

In this way regular revisions of the plan can be accomplished which incorporate the current best thinking regarding the likely future environments in which we must function.

ASSESSMENT OF THE ENVIRONMENT: 1985-1995

POLITICAL

<u>ENVIRONMENTS IN EXISTENCE</u> (1985)	<u>ENVIRONMENTS EXPECTED TO EXIST</u> (1995)
1. Funding limitations are causing cutbacks of government programs.	1. Funding will be stabilized but the Federal Government's share will be less than in 1985.
2. There is an increasing desire for less government intervention in people's lives.	2. Government will be less involved in direct provision of services and the private sector will be more involved, especially with non-severely disabled people.
3. A politically fragmented disability community exists.	3. The disability community will be more organized toward achieving common goals.
4. There is an increasing emphasis on returning to states, local governments and families control of service delivery systems.	4. There will be in place, state laws recognizing disabled people as a protected group. Regulations for service provision will be written, codified and enforced at the state and local level. Local governments and families will provide a larger share of services.
5. Service delivery systems for disabled people are fragmented as the disabled community itself.	5. Service delivery systems involving disabled persons will be better coordinated and stem from common legal bases.

ECONOMIC

<u>ENVIRONMENTS IN EXISTENCE</u> (1985)	<u>ENVIRONMENTS EXPECTED TO EXIST</u> (1995)
1. In October 1984 5.3% of Texans were reported as actively seeking jobs and an unknown number of "discouraged workers" are no longer looking. Texas unemployment is lower than the national average which was 7% in October 1984. Unemployment among disabled persons is significantly higher than for the non-disabled, possibly as high as 50%. Many of these people have stopped looking for work. Unemployment in Texas varies by area from 3.1% in Austin to more than 12% on the border with Mexico.	1. Unemployment will be lower than the national average, possibly around 5-7%. Unemployment among disabled people will be higher than among the nondisabled, but will be lower than in 1984. A greater proportion of disabled people will be able to seek and find work than currently (see Technology).

LEGAL

ENVIRONMENTS IN EXISTENCE (1985)

1. There are 8 Articles of the Texas Constitution, hundreds of sections of 12 different codes and more than 200 additional statutes not found in any code, which relate to persons with disabilities. No one law exists which defines and establishes them as a protected group.
2. Fragmentation of service delivery for people with disabilities in Texas has been legally supported by the statutes which empower the separate agencies and fund them despite overlapping responsibilities. Texas Human Resources Code Chapter 132 empowers the Council on Disabilities to work toward coordination of statewide public and private policies, programs and services for persons with disabilities.
3. Laws at the Federal level require the development of state programs for persons with disabilities which follow national regulations, guidelines and procedures.
4. Federal funding is currently received in Texas with rather strict guidelines as to how it will be spent.

ENVIRONMENTS EXPECTED TO EXIST (1995)

1. A comprehensive state law will be in place which establishes the rights of disabled persons and assures equal opportunity for work, services and social participation.
2. A mechanism will be in place for planning, monitoring and coordinating all service delivery systems. This law will define theoretically and empirically the term "disabled," and set up a mechanism for surveying Texas periodically to find out about the people who have disabilities: a) where they live, i.e., if different geographic areas of the state have higher densities of disabled people than other areas; b) prevalence and incidence of various types of disabling conditions; c) demographic characteristics about persons with disabilities which might have a bearing on the need for various services.
3. Statute and regulation describing the purpose and scope of state programs serving disabled people will be enacted on the state level.
4. Federal funding will be provided to the state with less restrictions on use, but in declining amounts. It will be up to the state to develop methods for allocating the federal resources in the state.

TECHNOLOGICAL

ENVIRONMENTS IN EXISTENCE (1985)

1. The entire United States is going through what has been called an "information revolution" spurred by increased use of computer technology in all areas of life.
2. Medical technology is developing rapidly, however, many new techniques are still considered experimental or are too expensive for most people to be able to obtain.

ENVIRONMENTS EXPECTED TO EXIST (1995)

1. Computers and the related technology will be much more firmly integrated into the daily life of a majority of Texans. Computers will assist with many aspects of life such as communications, record keeping in the home, shopping from the home, obtaining access to library records and newspapers. Many jobs will be possible to perform without having to go to a place of work and this will be done with the aid of computer terminals which can be voice activated.
2. Genetic engineering will be advanced enough such that it will begin to have an impact on hereditary conditions. Recombinant DNA techniques will be commonly used to produce such important medical tools as vaccines, insulin and possibly regeneration of nerve tissue. Computer assisted devices will be used to an even greater extent to aid mobility and to provide visual and auditory input to persons who have limitations of those senses. Life will be prolonged by use of organ transplants and artificial organs with a much higher rate of success than in 1985. These procedures will be expensive and will cause a need for policy to be established to determine which clients will receive which treatment. Also, additional sources of funding will be necessary to pay for these expensive services.

3. Transportation for people with disabilities is inconsistently accessible, both in scheduling and physical accommodations.
4. Use of technologically advanced devices is increasingly common in either increasing the work capabilities of disabled people or making the job easier for them to perform.
3. Transportation will be more accessible as a result of more appropriate use of computers in scheduling and engineering advancements.
4. This trend will continue and probably accelerate as costs of such equipment becomes more reasonable (due to higher demand) and awareness of such equipment increases.

SOCIAL

ENVIRONMENTS IN EXISTENCE (1985)

1. There seems to be a swinging of the pendulum of public opinion away from "affirmative action" in hiring, and making life accessible for minorities, including persons with disabilities.
2. At present there are only conflicting estimates as to the number of people with disabilities, the areas where they live, the prevalence and incidence of disabling conditions, the levels of unemployment and income and other demographic factors concerning people with disabilities. One assumption is that 15% of the American population has a disability, and that they are similar to the rest of the population in other respects. It is assumed that the population of Texas is growing at about 2.5% per year and the population of persons with disabilities is growing at about the same rate. It is further assumed that disabled people are homogeneously distributed throughout the state. There is a trend toward urbanization occurring in Texas and as of the 1980 Census, about 80% of the population lived in metropolitan areas. Currently (1985) about 16.1 million people are estimated to live in Texas, about 2.4 million of these may have a disability.

ENVIRONMENTS EXPECTED TO EXIST (1995)

1. The people with disabilities will be better integrated into the mainstream of life, but will still have problems in some areas of accessibility. Public perception of people with disabilities will continue to improve as positive media portrayal continues.
2. The legislatively mandated and funded survey of the population of Texas will clarify these issues and provide data which will assist state agencies in the allocation of their limited resources where they are most needed. By 1995, there will be between 20.1 million and 22.4 million people in the Texas population and between 3 million and 3.4 million of these people may have a disability. The trend toward urbanization of the Texas population will continue and in excess of 80% of the people in the state will live in metropolitan areas.

3. A tendency exists to let the state or the Federal Government provide the services needed and for individuals and families of disabled people to rely on government assistance. This development of a dependence has in some cases limited the degree to which disabled people have taken initiative for themselves in developing their potential.
3. The call for less government may have the effect of making the federal government less financially responsible for minority members, including disabled persons. Local and state governments will pick up some of the funding, but disabled people and their families will also have to pick up a larger share of the responsibility and cost of their integration into the mainstream of life.

COUNCIL ON DISABILITIES

State Plan Task Force

BACKGROUND SUMMARY

PURPOSE

In response to the Council's charge to continue the development of the State's Long Range Plan for Texans with Disabilities, the State Plan Task Force was appointed by Judge Thomas in April 1984.

BACKGROUND

Chaired by Justin Dart, Jr., the State Plan Task Force reviewed the existing Long Range State Plan and made a decision to include public input during the current modification of the State Plan. The goal was to build upon the work done by the Long Range Planning Group for Texans with Disabilities, while insuring that current issues and concerns were reflected in the revision of the plan.

During the full Council on Disabilities meeting in June, 1984, the background of the long range plan was presented, the Council unanimously adopted the underlying concepts and goal statements (which form the basis of the long range State Plan), and a statewide mailout and public hearing for August 24 and August 25, 1984 were scheduled to obtain suggested objectives for each of the goals. Later during the month of June, the State Plan Task Force met to review the first draft of the "example objectives" which were developed for the goal statements.

In July, the Council on Disabilities distributed a statewide mailout to over two thousand interested consumers, professionals, and advocates, announcing the August hearings and providing example objectives for each of the goal statements. Recipients were encouraged to submit objectives in writing using a form and instructions provided in the mailout and/or to present objectives in person at the public hearings in Austin.

In late August, the two-day public hearings were held at the House of Representatives chambers in the State Capitol Building in Austin. Testimony was presented before the Council on Disabilities membership, who served as the hearing panel.

During the month of September, a subcommittee of the State Plan Task Force, led by David Sloane, met to compile the responses received from the more than one hundred individuals and groups who submitted objectives for the State Plan. The subcommittee began editing the responses according to the following criteria:

- (1) No objective should be agency specific or give direction to any office or public or private agency;
- (2) Objectives should be positive statements when possible;
- (3) Objectives should not contain time-lines;
- (4) Objectives should not contain rationales or editorial statements and should be consistent with the Council on Disabilities' mission, philosophical premises, and goals;
- (5) Objectives should be stated only once under each goal but can be cross-referenced to other goals when they are applicable;
- (6) Objectives should not contain dollar amounts;
- (7) Objectives should be general in terms of geographical locations;
- (8) Objectives should not contain references to specific disabilities at the exclusion of others unless unavoidable;
- (9) Objectives of a general nature which could refer to several agencies or service providers are to be placed under Goal 7: Coordination, and
- (10) There should be just one idea per objective.

The State Plan Task Force met at the beginning of October to review the subcommittee's progress to date on editing the objective statements. There was also some discussion on the implementation and monitoring phase of the State Plan, anticipated for early 1985. It was agreed that those objectives containing controversial issues or issues requiring some type of legislative action would be listed separately from those objectives which would be recommended for adoption by the Council.

The State Plan subcommittee continued to edit and refine the document during the month of October. A letter was prepared by the subcommittee Chairperson, requesting that the State Plan Task Force review the three documents which evolved from the various objectives:

- (1) **Goals and Objectives** - a final edited version of objectives which would be recommended for adoption by the council,
- (2) **Issues** - a listing of objectives which may be at issue with each other or which require further discussion by the Council, and
- (3) **Legislative** - items which may involve passage of legislation to be submitted without any recommendations.

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At a meeting of the full Council on Disabilities in November, these documents were presented by the State Plan Task Force. With some minor modifications and wording changes, the Council voted to have the Task Force's suggested Goals and Objectives incorporated into a final Long Range State Plan for Texans with Disabilities. A basic understanding among those working on the State Plan has been that the document is to be considered a dynamic, responsive plan, to be updated as the issues facing disabled Texans change.

COUNCIL ON DISABILITIES

DEMOGRAPHIC SURVEY TASK FORCE

DEMOGRAPHIC SURVEY TASK FORCE MEMBERS

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COUNCIL ON DISABILITIES
Demographic Survey Task Force

PURPOSE

The Demographic Survey Task Force was created in April 1984 in order to fulfill the Council on Disabilities' charge to "... promote a demographic survey for accurate identification of the disability population ...".

BACKGROUND

The primary topics of consideration of the Demographic Survey Task Force focused on (1) an on-going "pilot" study of disabled persons and (2) methods of funding a statewide survey of disabled persons. The pilot study was endorsed by the Human Services Interagency Council (HSIC), representing Department of Health, Department of Mental Health and Mental Retardation, Texas Youth Commission, Department of Human Resources, and Texas Rehabilitation Commission.

In May, discussion among the Task Force members indicated that various agencies have different levels of confidence in their knowledge or awareness concerning the location and size of their respective clientele groups.

Research had revealed that many State agencies relied on information concerning persons on their existing case listings, but had little information regarding the presumably large portion of the population which is eligible for and in need of services and are not currently receiving them. A review of many data sources has revealed that the needed information was not available.

The HSIC members reasoned that State agencies could provide services to more eligible and make more efficient utilization of their resources if they had valid information about their actual and potential clientele. Assuming that the concerned agencies could improve their utilization of resources by even 1%, that would mean approximately \$20 million of state funds annually could be more effectively allocated.

The pilot study was funded from contributions of \$50,000 each from the Texas Planning Council on Developmental Disabilities and the Texas Rehabilitation Commission. The primary purposes of the project were: (1) to develop an acceptable methodology for determining the prevalence of persons with disabling conditions by disability and geographic location and (2) to develop a questionnaire capable of accomplishing this task and meeting the information needs of various State agencies which provide services to disabled persons and their families.

In 1983, the cost estimate for a full scale survey of disabled persons had been estimated at \$1.5 million. The TRC agreed to include this figure in its budget

as a line item request on behalf of the HSIC. The HSIC requested that the Council on Disabilities support the request for funds during the next meeting of the State Legislature.

The Task Force members generally agreed that alternative sources of funds (i.e., other than the State) should be investigated due to the forecasted revenue shortfall for the coming biennium (FY86-87). In May, the Task Force was briefed on the status and history of the pilot study. The Task Force endorsed the objectives which were set forth by the project and agreed that they would satisfy the Council's charge from the Legislature to promote a demographic survey of disabled persons. Members were requested to contact potential sources with which they might be familiar.

In June, the Task Force discussed the possibility of soliciting funds from private sources to pay for the proposed \$1.5 million survey of disabled persons. The support staff was requested to draft a grant proposal which might be sent to private foundations.

Also in June, the field work portion of the pilot study was completed. Copies of the data tapes were to be made available to interested agencies by mid-July. However, this did not occur but is expected in January 1985. Specific recommendations concerning a full scale project were not forthcoming from the HSIC in July. The Task Force recommended that the Council on Disabilities should endorse the goals and objectives which have been set forth for the pilot study by the HSIC.

During October and November the contractors made draft copies of the report available as they were completed.

In mid-November, the Council Chairperson met with Lt. Governor Hobby, Senator Chet Brooks, and a representative of the Speaker of the House to discuss the importance of the proposed survey. In each instance, the merit and worthiness of the survey were discussed; however, the special problems regarding the overall State budget and appropriations were also stressed.

Dr. Mark Rosentraub (one of the two contractors from the University of Texas at Arlington) addressed the full Council on Disabilities on November 16th. He stressed that the survey would provide State agencies with information about persons whom they were serving and who were eligible for services but were not clients of the agencies. In addition, he emphasized that the survey might be considered as good "investment" by legislators.

On November 16, 1984 the Council on Disabilities voted to support the proposed HSIC survey which is carried as a \$1.5 million line item in the Texas Rehabilitation Commission's biennial budget request.

COUNCIL ON DISABILITIES
STATUTE COMPILATION TASK FORCE
STATUTE COMPILATION TASK FORCE MEMBERS

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COUNCIL ON DISABILITIES STATUTE COMPILATION TASK FORCE

Purpose

Our enabling legislation contemplates that the Council on Disabilities will inform the Governor and the Legislature about legislation affecting citizens with disabilities. Judge Thomas appointed the Statute Compilation Task Force to address the Council's duty to promote the compilation, publication and possible modification of laws relating to handicapped persons.

Background

The full Council, at its first meeting, discussed the problem of the different statutory contexts in which a person might be considered "disabled" and the problem this caused for resource allocation and planning. The question was posed whether a single definition could fit all service providers' and consumers' needs. The Statute Compilation Task Force produced a report, under the direction of member David Sloane, which excerpted and analyzed relevant State and federal statutes which define disability. Some use "inclusive" definitions for the purpose of rights protection while others use "exclusive" definitions for the purpose of regulating programs which provide benefits. The Task Force could not see any single definition fitting all statutory needs and, rather than attempting a redefinition at this time, decided to monitor any changes proposed by others during the upcoming legislative session.

The Task Force fully recognized the need for compilation and publication of relevant laws. An excellent beginning was accomplished by then-Attorney General Mark White with the publication in 1982 of "Compilation of Texas Laws Relating to Persons With Disabilities." The Task Force was informed in its June meeting that this compilation would soon be updated.

With regard to possible modification of state laws affecting the persons with disabilities, the full Council was in agreement that it was too soon to propose any major legislation and that a recommendation would be made only on an issue on which there was unanimous agreement among the Council members. The Task Force recognized that during the upcoming legislative session many actions would be considered that could affect citizens with disabilities. The Statute Compilation Task Force will work to inform the full Council about pending actions and if any legislative proposal brings unanimous agreement, whether in support or opposition, it is expected that the Council will formally communicate its position.

At the Council's June 1983 meeting there was unanimous agreement on one legislative measure. Council members felt we should propose to remove or change outdated terms which had been used to label citizens with disabilities, which either no longer serve any useful purpose or are misleading and harmful.

and lunatics appears, the phrase non compos mentis was unexplainably left out, so "persons non compos mentis" needs to be added.

In some other places where lunatic or idiots appears, a simple deletion would be confusing and some substitution of a term that is not derogatory is preferable. For example, a number of courts are authorized to conduct "lunacy proceedings" although more recently other courts have substituted the term "mental health proceedings" (see, for example, Art. 1970-341b., Sec. 2(b) establishing Hidalgo County Court at Law, No. 3 in 1979). Since these may be either mental health or mental retardation proceedings the preferable term "mental disability proceedings" should be substituted for "lunacy proceedings" in:

Art. 1970-31b., Sec. 2
Art. 1970-31c., Sec. 2
Art. 1970-110a.
Art. 1970-110a.2, Sec. 3
Art. 1970-110a.3, Sec. 2
Art. 1970-141.1, Sec. 3
Art. 1970-141.3, Sec. 3
Art. 1970-141.4, Sec. 3
Art. 1970-301e.2, Sec. 17(a)
Art. 1970-326, Sec. 2
Art. 1970-333, Sec. 1
Art. 1970-335, Sec. 1
Art. 1970-339, Sec. 2
Art. 1970-341, Sec. 3
Art. 1970-341a., Sec. 3
Art. 1970-345, Sec. 2
Art. 1970-346, Sec. 4
Art. 1970-349A, Sec. 7
Art. 1970-353, Sec. 1

In other statutes, where lunatics or idiots appear, some term must be substituted, usually for "lunatic" which presumably could be covered by "mentally disabled."

Art. 2351.11. - "such idiots and lunatics as cannot be admitted into the lunatic asylum"

Art. 2524-1, Sec. 4 - "estate of a decedent, an infant, lunatic or insolvent"

Art. 3216 - "that the applicant is not a lunatic."

Art. 5765, Sec. 3 - exemptions to state militia - "idiots and lunatics"

Art. 6132b, Sec. 32(1)(a) - "partner declared a lunatic."

Art. 8306, Sec. 8a - workers compensation payment "to guardian in case of lunacy."

Probate Code, Sec. 144(d) - In the first and second sentence "lunatic, idiot," could be deleted because those sentences also contain the phrase "person whose mental illness or mental incapacity, or both, renders him incapable." But in the fifth sentence that phrase is left out so "lunatics, idiots" should have "mentally disabled" substituted.

INSANE: The term "insane" or "insanity" appears often. It does not appear easily deleted but presumably an appropriate substitute could be found:

Art. 1528f, Sec. 8
Art. 3257
Art. 3263c., Sec. 2
Art. 4442d, Sec. 11(1)(e)
Art. 4512b., Sec. 14a.13
Art. 4542a. Sec. 12(e)
Art. 4549, Sec. 3(a)
Art. 4552-4.04(a)(4)
Art. 4582b., Sec. 3.H.3
Art. 5519
Art. 6132a., Sec. 3(a)(M)
Art. 6132a., Sec. 10(a)(7)
Art. 6132a., Sec. 21
Art. 6132a., Sec. 25(b)(5)
Alcoholic Beverages Code, Sec. 101.63
Insurance Code, Art. 3.45(3)
Insurance Code, Art. 3.52, Sec. 4(a)
Insurance Code, Art. 3.52, Sec. 5(b)
Insurance Code, Art. 14.20, Sec.1
Insurance Code, Art. 22.13, Sec. 5

Caveat: The Insurance Code sections cover life insurance policies which reduce benefits if death of the insured is by the insured's own hand while insane. Since those policies are already written, changing language in the statute might create confusion as to coverage.

"Insanity" appears many times in relation to criminal matters and presumably should be left untouched. The following statutes should probably be left alone:

Art. 1970-343, Sec. 2
Art. 1970-343a., Sec. 2(c)
Art. 1970-354, Sec. 2(e)
Art. 3216a., Sec. 3
Art. 5115
Art. 6203e., Sec. 1
Art. 6203e., Sec. 3
Art. 6203e., Sec. 4
Penal Code, Sec. 8.01
Penal Code, Sec. 80.04

Code of Criminal Procedure as follows:

Sec. 27.17
Sec. 35.16(a)5
Sec. 37.13
Sec. 38.06
Sec. 46.02, Sec. 3(i)
Sec. 46.03, Sec. 1
Sec. 46.03, Sec. 2
Sec. 46.03, Sec. 3
Sec. 46.04, Sec. 4

In some places, "insane" is clearly obsolete, such as "Rusk Hospital for the Criminally Insane" and the current correct language should be substituted.

Art. 3185a.
Art. 3187
Art. 3188
Art. 6228
Art. 6228f, Sec. 1
Art. 6228f, Sec. 3
Art. 6228f, Sec. 4

In two places, "insane" appears in a sentence that should be totally overhauled or deleted.

In Art. 3257, dealing with what is called the Waco Center for Youth, the phrase appears: "No child who is feeble-minded, epileptic, insane or afflicted with a venereal, tubercular or other communicable disease should be assigned to this institution until cured of such disease." In the Education Code, Sec. 74.058(b)(9), pertaining to admission to Moody State School for Cerebral Palsied children, the phrase appears: "the name and address of any relative who is or was similarly afflicted, insane, inebriate, consumptive, or criminal."

DUMB: The term "dumb" was found in only two statutes:

Art. 3221 dealing with the Texas School for the Deaf uses the term "deaf, dumb and blind."

Art. 3221a. is apparently obsolete but uses the term "dumb."

Both statutes might be deleted since they appear obsolete.

FEEBLEMINDED: "Feeble-minded" is used in several statutes and could apparently be replaced with a term such as "mentally disabled."

Art. 3238a uses "feeble-minded" in Section 4, 5, 6 and 7.
Art. 3257
Art. 3263c. Sec. 1, 2, 3, 4 and 5.
Art. 3871a.

Art. 5561c., dealing with the Commission on Alcoholism states at Section 12 that an individual cannot be committed for treatment if feebleminded.

SENILE: The term "senile" is a problem. The derogatory nature of the term might be solved by using another word, but the context is clearly one which implies a mental deficiency caused by age, which is in itself arguable.

Art. 3126a., Section 1, 2, 3, 4, 5 and 6. Presumably Section 1 could be deleted as obsolete since it deals with senile Confederate Veterans and it is unlikely that any are left.

Art. 5547-5, Mental Health Code, specifies that mental illness does not include senility. That section should probably be retained.

Probate Code, Sec. 130F(5) states, in relation to limited guardianship, that a physician's report must include, among other things, "a description of the precise physical conditions underlying a diagnosis of senility."

CRIPPLED AND DEFORMED: The terms "crippled" and "deformed" appear in three statutes:

- Art. 3260
- Art. 3261
- Art. 3263

One might assume these terms could be replaced with "orthopedically impaired" or some non-derogatory term but "crippled" has a more than orthopedic definition. In Art. 4419c., the Crippled Children's Services Act, a "crippled" child is defined as "a person whose physical function, movement, or sense of hearing is impaired ..."

TEXAS CONSTITUTION: We agreed not to attempt Constitutional revision at this time, but it is useful to know what provisions are involved.

Art. 1, Sec. 15-a deals with commitment and recognizes the legislature's power to enact laws necessary to adjudicate "insanity."

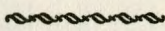
Art. 5, Sec. 8 provides for the jurisdiction of district courts and includes "idiots, lunatics."

Art. 5, Sec. 16 provides for the jurisdiction of county courts and includes "idiots, lunatics."

Art. 6, Sec. 1 details classes of persons not allowed to vote and includes "idiots and lunatics."

Art. 7, Sec. 9 refers to "the Lunatic, Blind, Deaf and Dumb, and Orphan Asylums."

Vernon's
**TEXAS CODES
ANNOTATED**



HUMAN RESOURCES CODE
Sections 1.001 to End

Cumulative Annual Pocket Part
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of the 68th Legislature
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CHAPTER 132. COUNCIL ON DISABILITIES

Sec.		Sec.	
132.001.	Definition.	132.004.	Meetings.
132.002.	Council on Disabilities.	132.005.	Powers and Duties.
132.003.	Terms; Compensation.	132.006.	Application of Other Laws.

Section 132.001. Definition

In this chapter, "provider" means a representative of a public or private agency that provides direct services to disabled persons, but does not include an official or employee of an agency listed in Subsection (e) of Section 132.002 of this code.

Added by Acts 1983, 68th Leg., p. 1630, ch. 308, § 1, eff. Sept. 1, 1983.

§ 132.002. Council on Disabilities

(a) The council on disabilities is established and is composed of 21 members.

(b) The governor shall appoint a person to serve as chairperson of the council. In addition, the governor shall appoint one provider, one private citizen, and one disabled person or parent or guardian of a disabled person to serve on the council.

(c) The lieutenant governor shall appoint one senator, one provider, one private citizen, and one disabled person or parent or guardian of a disabled person to serve on the council.

(d) The speaker of the house shall appoint one member of the house of representatives, one provider, one private citizen, and one disabled person or parent or guardian of a disabled person to serve on the council.

(e) The governing board of each of the following agencies shall appoint one person to represent that agency on the council:

- (1) the Texas Department of Human Resources;
- (2) the Texas Department of Mental Health and Mental Retardation;
- (3) the Texas Department of Health;
- (4) the Central Education Agency;
- (5) the Texas Rehabilitation Commission;
- (6) the Texas Commission for the Deaf;
- (7) the State Commission for the Blind;
- (8) the Texas Department on Aging; and
- (9) the Texas Commission on Alcoholism.

(f) A private citizen appointed to serve on the council may not be a provider, a disabled person, or the parent or guardian of a disabled person.

(g) The governor may designate other agencies to appoint representatives to serve on the council.

Added by Acts 1983, 68th Leg., p. 1630, ch. 308, § 1, eff. Sept. 1, 1983.

Section 3 of the 1983 Act provides:

"Not later than 30 days after the effective date of this Act, each official and agency listed in Sections 132.002 and 133.002, Human Resources Code, as added by this Act, shall make the appointment to the council on disabilities or the long-term care coordinating council for the elderly as required by those sections. An agency designated by the governor under Subsection (g) of Section 132.002, Human Resources Code,

as added by this Act, shall appoint a person to the council on disabilities to represent that agency not later than 30 days after the date on which the governor designates that agency. An agency designated by the governor under Subsection (f) of Section 133.002, Human Resources Code, as added by this Act, shall appoint a person to the long-term care coordinating council for the elderly to represent that agency not later than 30 days after the date on which the governor designates that agency."

§ 132.003. Terms; Compensation

(a) A member of the council serves for a two-year term expiring on January 31 of each odd-numbered year. A member may be reappointed to the council.

(b) Members of the council receive no compensation but are entitled to reimbursement for actual and necessary expenses incurred in performing their duties under this chapter.

Added by Acts 1983, 68th Leg., p. 1630, ch. 308, § 1, eff. Sept. 1, 1983.

§ 132.004. Meetings

The council shall meet at the call of the chairperson. A majority of the members of the council constitutes a quorum.

Added by Acts 1983, 68th Leg., p. 1630, ch. 308, § 1, eff. Sept. 1, 1983.

§ 132.005. Powers and Duties

(a) The council shall:

(1) continually monitor the implementation of the long-range state plan for Texans with disabilities and prepare a biennial review and revision of the plan for official submission in January of each odd-numbered year to the governor, the legislature, the Legislative Budget Board, appropriate legislative committees, and the participating state agencies;

(2) promote the development and coordination of effective and efficient statewide public and private policies, programs, and services for persons with disabilities;

(3) promote the compilation and publication of all laws relating to the disabled and make recommendations to the legislature regarding appropriate modification of laws relating to the disabled; and

(4) promote a demographic survey for accurate identification of the disability population and promote the effective use of valid data in planning service priorities.

(b) At such time as the Texas Health and Human Services Coordinating Council expands its focus beyond services for children 18 years of age or younger and health care needs and costs as specified in this Act, the council on disabilities shall add to its duties as outlined in Subsection (a) of this section the role of advisory committee to the Texas Health and Human Services Coordinating Council, as authorized in Section 131.005, Human Resources Code, as added by this Act.

(c) The council may use the existing staff of an appointing official or agency to assist the council in performing its duties under this chapter.

(d) The duties of a member of the council are in addition to those of any other employment or office of that member.

(e) The council may receive and spend grants and donations from public and private entities and may contract with public or private entities in the performance of its responsibilities.

Added by Acts 1983, 68th Leg., p. 1630, ch. 308, § 1, eff. Sept. 1, 1983.

§ 132.006. Application of Other Laws

(a)¹ The council is subject to the Texas Sunset Act, as amended (Article 5429k, Vernon's Texas Civil Statutes). Unless continued in existence as provided by that Act, the council is abolished and this Act expires effective September 1, 1989.

Added by Acts 1983, 68th Leg., p. 1630, ch. 308, § 1, eff. Sept. 1, 1983.

¹ So in enrolled bill; there is no (b).

